

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		9-24-01
O.I.P.E. CLASSIFIER		20	9/15
FORMALITY REVIEW	MW	920	10-04-01
RESPONSE FORMALITY REVIEW	PC	1019	01.17.02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	2/16
2	3/15
3	3/15
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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10/27/01  
 11/17/01  
 10/14/01  
 9/26/01